



CEMETERY COMPANY'S ANNUAL REPORT

On Improvement Care Fund

STATE OF TENNESSEE

DEPARTMENT OF COMMERCE AND INSURANCE

BURIAL SERVICES

500 JAMES ROBERTSON PARKWAY, SECOND FLOOR

NASHVILLE, TN 37243-1145

Office: 615-741-5062; Fax: 615-532-1903

www.state.tn.us/commerce

NOTE: This report is due seventy-five (75) days after the close of each FISCAL YEAR of the cemetery company. Mail to the address above.

For the fiscal year beginning _____, 20 ____ and ending _____, 20 ____.

I. GENERAL INFORMATION

1. Name of Cemetery: _____
2. Location (County and City): _____
3. Cemetery's mailing address: _____

4. Name of person in charge: _____ Telephone: _____
- 5a. Total numbers of Interments this fiscal year: _____
- 5b. Cemetery acres developed: _____
- 6a. Name of parent corporation: _____
- 6b. Date of incorporation: _____
7. If not incorporated, how organized? _____
8. Other Tennessee cemeteries controlled by this company: _____

9. Name, address and official capacity of each officer and/or director of the corporation, proprietor, partner or trustee of the association:

10. Name and address of Trustee of Improvement Care Fund: _____

- 11a. Date of trust agreement or renewal: _____
- 11b. Is a copy on file with the state? Yes ☐ No ☐

(OVER)

II. LIABILITY TO IMPROVEMENT CARE TRUST

1. Amount unpaid at end of last period:
 2. Amount due for this year pursuant to fully paid contracts:

 - A. Lot Sales Volume (exclude lawn crypt spaces) becoming fully paid this year:
 - a) 20% of lot sales volume shown in “A” above:
 - b) Additional trust required to meet minimum .50¢ per square foot:
 - B. Lawn Crypt Space Sales Volume becoming fully paid this year:
 - a) 20% of lawn crypt space sales volume shown in “B” above:
 - b) Additional trust required to meet a minimum \$50 for each lawn crypt space:
 - C. Mausoleum/Niche Crypt Sales Volume becoming fully paid this year:
 - a) 10% of Mausoleum/ Niche Crypt sales volume shown in “C” above:
 - D. Memorial and Special Care Funds Received: [Ref. §46-2-202 (a)(3),(4)]
 - E. Total Trust liability for this year (Sum of 2A, 2B, 2C and 2D):
 3. Total trust deposits required this year (Sum of 1 plus 2E):
 4. Total amount paid to trust this year (Do not include any amounts paid after close of year):
 5. Unpaid balance at end of year (Total 3 minus 4):

 - A. Amount(s) paid for this year after close of year Date Paid
 Date Paid
 6. Total withdrawals you received from the improvement care trust fund this year:
- * The total of your annual report for each of these items must balance to the Trustee’s annual report.

III. MEMORANDA FOR RECONCILIATION

1. List all deposits on the improvement care trust fund this fiscal year.
- NOTE: Law [Ref. Section 46-2-302(d)] normally requires Monthly deposits

DATE/AMOUNT	DATE/AMOUNT	DATE/AMOUNT	DATE/AMOUNT

STATE OF TENNESSEE

COUNTY OF _____

I, _____, _____ of _____ do hereby state that the information contained in this report is true and correct to the best of my knowledge and belief.

(Signature)

Sworn to and subscribed before me this _____ day of _____, 20_____.

My commission expires: _____ Notary's Signature: _____
IN- (Rev.)

My commission expires: _____ Notary's Signature: _____